

and coordinate a child's specialty needs. The health care home should follow the screening periodicity schedule and perform interperiodic screens when medically necessary. Conditions identified during the course of care may require the development of a plan of care. Coordination activities include, but are not limited to:

- (1) making referrals and providing related activities for EPSDT/HCY screens in accordance with the periodicity schedule set out in Section 9 of the General Section of the State Medicaid Provider Manual. EPSDT screens include comprehensive health and developmental, mental health, vision, hearing and dental screens.
- (2) making referrals and providing related activities for evaluations that may be required as the result of a condition identified during the child's screen;

d. Case Planning and Coordination:

This activity includes assistance to the client and the family in developing and carrying out a case or service plan. Activities include, but are not limited to;

- (1) identifying and arranging for medically necessary services to correct or ameliorate conditions identified in the child's Individual Educational Plan (IEP) or Individualized Family Service Plan (IFSP);
- (2) identifying and providing assistance for medically necessary and educationally relevant services required as the result of any regular, interperiodic, or partial EPSDT/HCY screen;
- (3) developing and coordinating the meetings of any interdisciplinary teams that may be able to assist in the development and periodic review of the case plan, (IEP or ISFP);
- (4) coordinating the closure of the case, referral to any needed services, and realignment of the case plan (IEP or ISFP);
- (5) assisting children and families in accessing immunization services and scheduling appointments;
- (6) arranging and coordinating prenatal, post-partum, and newborn medical services, making referrals to providers of targeted prenatal case management;

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- (7) arranging and coordinating dietary counseling or medical services for children with medical needs including, but not limited to, gross obesity, diabetes, anorexia, or bulimia; and
 - (8) arranging for and coordinating transportation for children and families to obtain medical screenings and services.
- e. Anticipatory guidance to caretakers relating to specific medical needs of a child.
2. Account for the activities of staff providing EPSDT Administrative Case Management in accordance with the provisions of OMB Circular A 87 and 45 CFR parts 74 and 95. Follow predetermined methodology for evaluating the appropriate percentage of staff time, costs, etc. Develop and submit time study methodology with initial invoice.
 3. Provide as requested by the Division of Medical Services, the information necessary to request federal funds available under the state Medicaid match rates.
 4. Maintain the confidentiality of client records and eligibility information received from DSS and use that information only in the administrative, technical assistance and coordination.
 5. Certify to DSS the provisions of the non-federal share for HCY Administrative Case Management via completion of DMS "Certification of General Revenue" form.
 6. Accept responsibility for disallowances and incur the penalties of same resulting from the activities associated with this agreement. Return to DSS any federal funds which are deferred and/or ultimately disallowed arising from the administrative claims submitted by DSS on behalf of the Washington County Comprehensive Child Health Consortium.
 7. Consult with the Division of Medical Services on issues arising out of this agreement.
 8. Conduct all activities recognizing the authority of the state Medicaid agency in the administration of state Medicaid Plan on issues, policies, rules and regulations on program matters.
 9. Maintain all necessary information for a minimum of five (5) years to support the claims and provide HCFA any necessary data for auditing purposes.
 10. Submit claims on a quarterly basis.

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III PROGRAM DESCRIPTION

EPSDT Administrative Case Management activities provide for the efficient operation of the state Medicaid plan. These activities aid the potential EPSDT eligible recipient to gain eligibility, access screening services, follow-up on referrals to additional medical providers, establish a health care home for the child, develop and coordinate a service plan, follow through on the case plan and assist the family in becoming able to meet its child's needs in such a way that they are able to function at an optimal level with minimal intervention.

EPSDT Administrative Case Management is committed to the least restrictive method of treatment for children and will maintain this as a priority.

IV PROGRAM EVALUATION PLAN

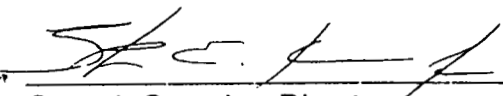
A designated representative from the Washington County Comprehensive Child Health Consortium and the Medicaid agency shall meet annually for the purpose of program review and evaluation of policies for implementing the provisions of the interagency agreement.

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TERMS OF THIS AGREEMENT

4.16-88

The period of this Cooperative Agreement shall be from October 1, 1995, through September 30, 1997. This agreement shall be reviewed annually by a representative of both parties with recognition of that review being indicated by attached addendum. This agreement may be cancelled at any time upon agreement by both parties or by either party after giving thirty (30) days' prior notice in writing to the other party provided, however, that reimbursement shall be made for the period when the contract is in full force and effect.



Gary J. Stangler, Director
Department of Social Services

12/21/95

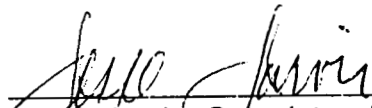
Date



Donna Checkett, Director
Division of Medical Services

12-8-95

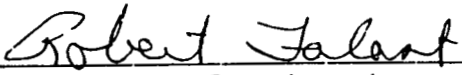
Date



Jesse Jarvis, Superintendent
Potosi R-3 School District
Administrative District for the
Washington County Comprehensive
Child Health Consortium

11/1/95

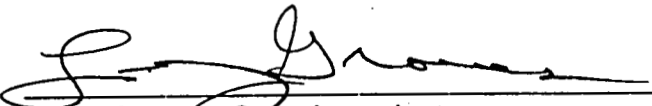
Date



Robert Falast, Superintendent
Kingston K-14 School District
Participating District

10/31/95

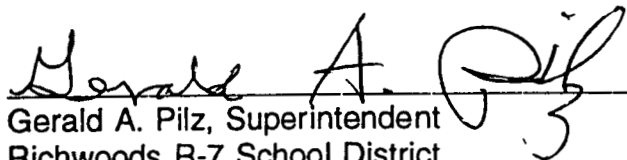
Date



Larry Graves, Superintendent
Valley R-6 School District
Participating District

11-1-95

Date



Gerald A. Pilz, Superintendent
Richwoods R-7 School District
Participating District

10-31-95

Date

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Approval Date

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Effective Date

10-01-95

**COOPERATIVE AGREEMENT BETWEEN
THE DEPARTMENT OF SOCIAL SERVICES, Division of Medical Services
and
THE BELL CITY R-II SCHOOL DISTRICT
For the Provision of
Transportation For IEP Services**

**I
STATEMENT OF PURPOSE**

This agreement between The Missouri Department of Social Services (DSS) and the Bell City R-II School District (hereafter referred to as "school district") concerns the administration of transportation for children eligible for Title XIX (Medicaid) to obtain medically necessary services provided as a result of a child's Individual Education Plan (IEP) or Individualized Family Service Plan (IFSP). Medicaid reimbursement for administration of transportation (to and from school, or to and from a service provided off school grounds or both) may be made when all of the following conditions are met:

- a. The child is eligible for Medicaid on the date the transportation is provided;
- b. The child receives a service covered by Medicaid and the service is provided as a result of the child's IEP or IFSP; and
- c. The IEP/IFSP specifies the need for transportation and contains at least one of the following determinations:

(1) An IEP/IFSP team has determined and documented the student to be unable to independently perform at an age-appropriate level one or more of the following functions associated with transportation to/from school or other site at which the Medicaid-covered service is provided:

- arrive to the site normally used by children of similar chronological age to board transportation; or
- board and be seated in the transportation vehicle for the trip; or
- disembark from the transportation vehicle; or
- following delivery of the Medicaid-covered service, reboard the transportation vehicle, be seated, disembark at the appropriate location and return home; or

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- (2) An IEP/IFSP team has determined and documented the presence of a specialized medical need which may or may not accompany the functional limitation described in 1; or
(3) An IEP/IFSP team has determined and documented the requirement that the student must be attended by an aide during transportation.

II RESPECTIVE RESPONSIBILITIES

DSS agrees to:

1. Reimburse the School District the Title XIX federal share of actual and reasonable costs established for administration of medically necessary transportation provided by the school district. Reimbursement is based upon a statewide average cost per day as determined annually by the Department of Elementary and Secondary Education (DESE) and will be in accordance with the provisions of OMB Circular A87 and 45 CFR parts 74 and 95. The rate of reimbursement for eligible administration of medically necessary transportation costs will be the Title XIX federal share (50%).
2. Provide the School District access to the information necessary to properly provide and seek reimbursement for administration of medically necessary transportation.
3. Develop and conduct periodic quality assurance and utilization reviews in cooperation with the School District.
4. Provide written instructions, technical assistance, and necessary consultation to staff of the School District regarding the responsibilities assumed within the terms of this agreement.

The School District agrees to:

1. The School District will provide professional, technical, and clerical staff to conduct administrative functions necessary for the proper and efficient administration of medically necessary transportation.
2. Provide as requested by the Division of Medical Services, the information necessary to request federal funds. Request for FFP will be submitted on the standard form together with a billing statement. These documents will be certified by the superintendent of the school district.

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Supersedes TN No. New Material

Approval Date AUG 25 1995

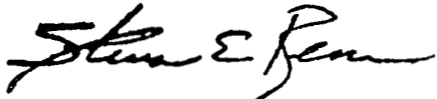
Effective Date 04/01/95

3. Maintain the confidentiality of client records and eligibility information received from DSS and use that information only in the administration, technical assistance and coordination of activities authorized under this agreement.
4. Certify to DSS the provisions of the non-federal share for transportation services via completion of DMS "Certification of General Revenue" form.
5. Accept responsibility for disallowances and incur the penalties of same resulting from the activities associated with this agreement. Return to DSS any federal funds which are deferred ultimately disallowed arising from the administrative claims submitted by DSS on behalf of the School District.
6. Consult with the Division of Medical Services on issues arising out of this agreement. Conduct all activities recognizing the authority of the single state Medicaid agency in the administration of state Medicaid Plan on issues, policies, rules and regulations on program matters.
7. Maintain all necessary information for a minimum of five (5) years to support the claims and provide HCFA any necessary data for auditing purposes.
8. Submit administrative claims on a quarterly basis in a format approved by DMS.
9. Meet or consult with DSS to exchange information regarding policy and procedure relating to the efficient administration of medically necessary transportation.
10. Use reimbursement received, as a result of this agreement, to maintain or expand non-emergency medical transportation services for Missouri Medicaid eligible individuals. Reimbursement received, as a result of this agreement, shall not be used to reduce the amount allowed for non-emergency medical transportation of Missouri Medicaid eligible individuals.

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V
TERMS OF THIS AGREEMENT

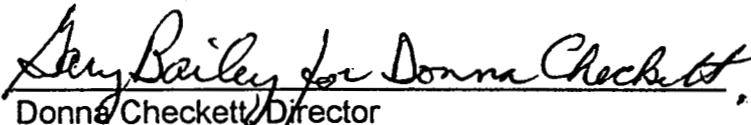
The period of this Cooperative Agreement shall begin April 1, 1995. This agreement may be canceled at any time upon agreement by both parties or by either party after giving thirty (30) days prior notice in writing to the other party provided, however, that reimbursement shall be made for the period when the contract is in full force and effect.



Gary J. Stangler, Director
Department of Social Services

June 28, 1995

Date



Donna Checkett, Director
Division of Medical Services

6/22/95

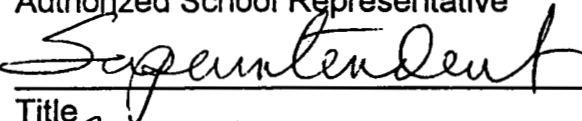
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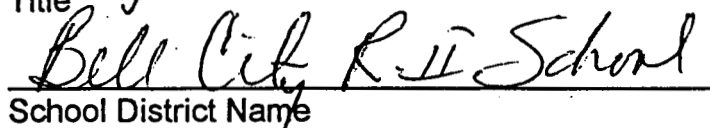
Authorized School Representative

5/23/95

Date



Title



School District Name

TN No. 95-18

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Approval Date AUG 25 1995

Effective Date 04/01/95

**COOPERATIVE AGREEMENT BETWEEN
THE DEPARTMENT OF SOCIAL SERVICES, Division of Medical Services
and
THE BLUE EYE R-V SCHOOL DISTRICT
For the Provision of
Transportation For IEP Services**

**I
STATEMENT OF PURPOSE**

This agreement between The Missouri Department of Social Services (DSS) and the Blue Eye R-V School District (hereafter referred to as "school district") concerns the administration of transportation for children eligible for Title XIX (Medicaid) to obtain medically necessary services provided as a result of a child's Individual Education Plan (IEP) or Individualized Family Service Plan (IFSP). Medicaid reimbursement for administration of transportation (to and from school, or to and from a service provided off school grounds or both) may be made when all of the following conditions are met:

- a. The child is eligible for Medicaid on the date the transportation is provided;
- b. The child receives a service covered by Medicaid and the service is provided as a result of the child's IEP or IFSP; and
- c. The IEP/IFSP specifies the need for transportation and contains at least one of the following determinations:

(1) An IEP/IFSP team has determined and documented the student to be unable to independently perform at an age-appropriate level one or more of the following functions associated with transportation to/from school or other site at which the Medicaid-covered service is provided:

- arrive to the site normally used by children of similar chronological age to board transportation; or
- board and be seated in the transportation vehicle for the trip; or
- disembark from the transportation vehicle; or
- following delivery of the Medicaid-covered service, reboard the transportation vehicle, be seated, disembark at the appropriate location and return home; or

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Approval Date AUG 25 1995

Supersedes TN No. New Material

Effective Date 04/01/95

- (2) An IEP/IFSP team has determined and documented the presence of a specialized medical need which may or may not accompany the functional limitation described in 1; or
(3) An IEP/IFSP team has determined and documented the requirement that the student must be attended by an aide during transportation.

II**RESPECTIVE RESPONSIBILITIES****DSS agrees to:**

1. Reimburse the School District the Title XIX federal share of actual and reasonable costs established for administration of medically necessary transportation provided by the school district. Reimbursement is based upon a statewide average cost per day as determined annually by the Department of Elementary and Secondary Education (DESE) and will be in accordance with the provisions of OMB Circular A87 and 45 CFR parts 74 and 95. The rate of reimbursement for eligible administration of medically necessary transportation costs will be the Title XIX federal share (50%).
2. Provide the School District access to the information necessary to properly provide and seek reimbursement for administration of medically necessary transportation.
3. Develop and conduct periodic quality assurance and utilization reviews in cooperation with the School District.
4. Provide written instructions, technical assistance, and necessary consultation to staff of the School District regarding the responsibilities assumed within the terms of this agreement.

The School District agrees to:

1. The School District will provide professional, technical, and clerical staff to conduct administrative functions necessary for the proper and efficient administration of medically necessary transportation.
2. Provide as requested by the Division of Medical Services, the information necessary to request federal funds. Request for FFP will be submitted on the standard form together with a billing statement. These documents will be certified by the superintendent of the school district.

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